# Critical Thinking for the MDS Clinical Team: Understanding the Significant Change in Status Process

Sheryl B Rosenfield, RN, BC

Zimmet Healthcare Services Group

#### **Albert Einstein**

"Everything should be made as simple as possible, no simpler"

#### **Definition of Critical Thinking**

- A way of becoming aware of and taking control of one's thinking process in order to think more effectively
- A conscious evaluation of one's thoughts
- Consciously directing one's thinking to make it more rational, clear, accurate and consistent

#### **Emotions Effect our Thinking**

- Critical thinking is based on assumptions that can be figured out and reasoned through
- In some instances, critical thinking may not be appropriate or necessary
  - Love
  - Personal taste and preferences
  - Colors
- Critical thinking should not be overly influenced by emotions or feelings, but can provide a way for us to sort through the natural response to given situations

#### **Elements of Critical Thinking**

- What are we trying to accomplish?
  - What is the purpose, the goal or end in view?
  - What is the specific question, problem or issue?
  - How will we know when we accomplish this?
- Where are we now in our thinking?
  - What is the current state of thinking, what viewpoints or assumptions have been made?
- Eliminate biased, distorted, partial, uniformed or prejudiced thinking

### **Questions to Help the Critical Thinking process**

- Is the evidence:
  - Complete or incomplete?
  - Precise or imprecise?
  - Accurate or inaccurate?
  - Deep or superficial?
  - Relevant or irrelevant?
- Are the claims or interpretations:
  - Logical or illogical?
  - Consistent or inconsistent?
  - Plausible or implausible?
  - Significant or trivial?

#### **Towards Critical Thinking**

- Which interpretations or alternatives are best supported by evidence?
  - Distinguish between personalities and the idea.
  - Interpretation of evidence is subjective.
  - Qualify judgments without exaggeration
- Utilize a consistent approach (or steps) that improve the quality of our thoughts, our actions and results; provides a structure to critical thinking process
- Remember that most problems have multiple solutions

#### **Spirit of Critical Thinking**

- Insightful
- Value careful judgment
- Think independently
- To persevere when you "don't get it"
- Suspend assumptions
- Overcome irrational influences
- Develop confidence in your capacity to reason

#### **Benefits of Critical Thinking**

- We develop the ability to listen with an open mind
- We develop ways to sort through our feelings
- We would have patience to think before acting
- We hold ourselves to a higher standard
- No quick fixes

#### Let's Talk about Care

- OBRA 87, 90, 95 and updates to the State Operations Manual focus on insuring that residents attain and/or maintain their highest practicable functioning that includes physical, mental and emotional well-being.
- The "formal" process of MDS assessments for residents are required on admission, quarterly, annually or when there has been a <u>significant change in status</u>.
  - The assessment process helps facility staff to identify, document and benchmark resident functioning.
- The clinical team is responsible to monitor resident status on a daily basis. Knowledge of the resident's usual functioning with coordination of care, delivery, and strong communication helps the clinical team to modify and/or alter care as appropriate.

### What is a Significant Change in Status?

#### • F-tag 274

 A "significant change" means a major decline or improvement in resident status that will not normally resolve itself without further intervention by staff or by implementing standard disease related clinical interventions, that has an impact on more than one area of resident's health status, and requires interdisciplinary review or revision of the care plan or both

#### A Significant Change Reassessment

- Is indicated if there is a decline or improvement consistently noted in two or more areas of decline or 2 or more areas of improvement.
- Is up to the clinical team within 14 calendar days from the date the change is noted.
- Is not required if there was never an initial assessment completed.

#### What is a Decline?

- Any decline in activities of daily living (ADL) physical functioning( Section G1) where a resident is newly coded as
  - 3 Extensive Assistance
  - 4 Totally Dependent
  - 8 Activity did not occur
  - Coding changes in both A & B columns count as 1 ADL change

#### What is a Decline?

- Increase in the number of areas where Behavioral Symptoms are coded as "not easily altered" (Increase in the use of the code 1 for section E 4b)
- Resident's decision making changes from 0 or 1 to 2 or 3 (Section B4)
- Resident's incontinence pattern changes from 0 or 1 to 2, 3 or 4 or the placement of an indwelling catheter (Section H1a, b, H3d)
- Emergence of sad or anxious mood as a problem that is not easily altered (section E2)
- Emergence of an unplanned weight loss problem (5% change in 30 days or 10% change in 180 days) (Section K3a)

#### What is a Decline?

- Begin to use trunk restraint or a chair that prevents rising for a resident when it was not used before (Section P4c or e)
- Emergence of a condition/disease in which a resident is judged to be unstable (Section J5a)
- Emergence of a pressure ulcer at Stage II or higher, when no ulcers were previously present at Stage II or higher (Section M2a)
- Overall deterioration of resident's condition, resident receives more support (Section Q2=1)

#### What is an Improvement?

- Any improvement in ADL physical functioning where a resident is newly coded as 0, 1 or 2 when previously scored as a 3, 4 or 8 (Section G1A)
- Decrease in the number of areas of Behavioral symptoms or Sad or Anxious Mood) coded as "not easily altered" (Section E)
- Resident decision making changes from 2, 3 or 4 to 0 or 1(Section B4)
- Resident's incontinence pattern changes from 2,3 or 4 to 0 or 1 (Section H1a or b)
- Overall improvement of the resident's condition, resident receives fewer supports (Section Q2=1)

#### Let's talk Examples

- Weight Loss
- Fractured Hip
- New Diagnosis
- Team considerations
- Time Frames
- Documentation concerns

#### Significant Change Assessments

- Will change the annual assessment schedule to 366 days after the assessment has been completed
- Requires completion of Triggers and RAPs
- Requires review and/or revision of the Care Plan
- For resident's with a terminal illness, a significant change assessment is optional depending on the clinical team determination of whether the resident will benefit from it
  - For a decline that is not expected or related to the course of deterioration, an assessment is not required
- An assessment is not required for residents on rehab or improving until the resident reaches a plateau

### Management of Resident Status Changes

- Strong assessment practices
  - Collection of additional assessment information eg;
     Cognitive Performance Scale, Braden or Norton Scales, Fall Assessments
- Strong documentation systems
  - Clinical team notes, flow sheets, accountability records
  - Care plans
- Strong communication practices
  - Daily morning reports
  - CNA supervision and reporting mechanisms

#### F-Tag 309 Quality of Care

- The facility must ensure that the resident obtains the optimal improvement or does not deteriorate within the limits of a resident's right to refuse treatment, and within the recognized pathology and normal aging process
- Highest practicable is defined as the highest level of functioning and well being possible, limited only by the individual's presenting functional status and potential for improvement or reduced rate of functional decline. Highest practicable is determined through the comprehensive assessment.....

#### F-Tag 275 Interpretive Guidelines

- Has the facility identified in a timely manner those residents that have experienced a change?
- Has the facility reassessed residents who had a significant change within 14 days after determining the change was significant?
- Has the facility gathered supplemental assessment information based on triggered RAPs prior to establishing the care plan?
- Does the information in the RAI correspond with the information obtained during observations of and interviews with the resident, facility staff and resident's family?

## If you care at all, you'll get some results. If you care enough, you'll get incredible results.

Many of us are more capable than some of us . . . but none of us is as capable as all of us!!"